

(D-12-61) DD FORM 621-612-6728 (00) REV
ISSUE SLIP STAPLE AREA (for additional cross references) *Conway 2800*

POSITION	INITIALS	ID.NO.	DATE
FEE DETERMINATION	gmeff		10/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M M	372	11-28-01
RESPONSE FORMALITY REVIEW	MO AG	J305 640	02/11/02 5-16-02

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
Canceled	A	Appeal
Restricted	O	Objected

(Through numeral) Canceled A
..... Restricted O

Claim	Final Original	Date
1	5-22-20	
2	5-22-20	
3		
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7	N	
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9	N	
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12	✓	
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15	✓	
16	✓	
17	✓	
18	✓	
19	✓	
20	✓	
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Claim				Date		
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Claim	Date				
Final Original	1	2	3	4	5
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If more than 150 claims or 10 actions
staple additional sheet here.

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BEST AVAILABLE COPY

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS